

Coordinated Care Initiative
Santa Clara County Stakeholder Advisory Committee
 Summary Notes for **November 19, 2014** Meeting

Members Present	Members Unable to Attend
Marilou Cristina, ASC & Harbage Consulting	Mary Ann Nickle, San Jose Healthcare
Susan Fent, Institute on Aging	Laurie Leung, AACI
Kingston Lum, IHSS	Mary Scheifels, EAH Housing
Laura Luna, SC County Mental Health Department	Steve Schmoll, Sourcewise
Pauline Martinez, Alzheimer's Assoc.	John Sink, Avenidas Adult Day Health
Dr. Gary Steinke	Crystal Shafiabady, Sourcewise
Marie Beebe, Rockport	Jenny Niklaus, EHC Life Builders
John Arnold, AGents for Change	Mary Tinker, IHSS Public Authority
Tiffany Huyenh-Cho, Bay Area Legal Aid	Robert Venable, MD, Clinicare LLC
Marc Argabright, Covenant Care	Manuel Altamiro, Sourcewise
Cassandra Chan, OnLok Lifeways	Shelly Grimaldi, Harbage Consulting
Katherine Kelly, On Lok	Mariia Ivanchuk, Midpen Housing
Sonali Parnami, The Health Trust; ASC	Janie Whiteford, IHSS Advisory Council
Marcelo Espiritu, Sourcewise	James Ramoni, SCC DAAS
Terri Possley, IHSS	Kelly Chau, AACI
	Dominique Cohen, Midpen Housing
Health Plan participants:	Bruce Copley, SC County Drug & Alcohol (DADS)
Lori Andersen, SCFHP	Moira Martinez, Rockport
Laura Watkins, SCFHP	Rosa Di Manto, Catholic Charities
Tammie Pitkin, Anthem Blue Cross	Colleen Hudgen, Live Oak Adult Day Services
Matt Woodruff, Anthem Blue Cross	Dean Didich, MD, Daughters of Charity Health
Joaquin Belloso, Anthem Blue Cross	Roosevelt Jordan, Midpen Housing
	David Lee, Midpen Housing

Agenda & Summary of Meeting:

1. Welcome & Introductions

2. Behavioral Health Report: Laura Luna reported that a CCI educational presentation was provided by Shelly Grimaldi to the BHS Older Adult System of Care on November 8. She also reported that Beacon's letter of intent was received for effective date of January 1, 2015.

3. Health Plans Update:

Anthem Blue Cross: Matt Woodruff provided updates for the Anthem/CareMore Los Angeles and Virginia Markets to date. CareMore LA Market has an opt out rate above 55% and Anthem VA has 30% opt-out. VA provides services to approximately 30 different counties and it is expected that Santa Clara will mirror the outcomes of VA vs. that of LA. Numbers are dramatically declining once a member is enrolled so less likely to opt-out once enrolled in a health plan. Reports of opt-outs have been seen to be interpreted differently from CMC health plans due the calculation of a different denominator. It was requested that both Anthem and SCFHP work on an agreement to ensure that reports are capturing the same common numerator/denominator. The Call Centers are averaging about a 10-11 minutes call time. Member packets are set to be sent out and in members' hand by Dec 1, 2015. The current Provider Network for Anthem are Daughters of Charity and Physicians Medical Group and Provider trainings are underway with goals of helping to work with Providers for CMC education and to encourage less opt-outs. Provider directories are available on the website.

SCFHP: Lori Andersen shared that SCFHP are staffing up in various departments. The website is updated with documents and all marketing materials including provider directories. Threshold language materials will be available later during the week. SCFHP met with SNF

providers for CCI trainings which mainly has included the MLTSS transition. Additional partnership and education with Silicon Valley Independent Living and Alzheimer's Association are being working through the Delegated models.

Consumer Advisory Board is tentatively planned for a first meeting on Jan 28, 2015 and monthly meetings following. It will be a shared effort of both plans to recruit 12 total advisory members; 6 from each of the plans. Recruitment of members will reflect membership demographics and family caregivers.

3. Regulatory Review:

Kathryn Duarte provided a timeline for DHCS and CMS regulatory updates:

DHCS:

- 11/4/14: HRA policy update for members without historical claims data to be stratified as High Risk effective 12/1
- 11/12/14: Draft CCI Bill of Rights from CAHP
- 11/12/14: Draft Provider Bulletin on Crossover Claims Payment
- 11/17/14: ICT/ICP Policy Updates

CMS:

- 10/21/14: Updated CY 2014 Core Reporting Requirements
- 10/29/14: CY 2015 Core Reporting Requirements
- 10/30/14: MMP Medicare Network Adequacy Standards
- 11/7/14: Update to the Part D Reporting Requirements Technical Specifications
- 11/17/14-11/25/14: Chronic Care Improvement Program (CCIP) and Quality Improvement Project (QIP) Submissions

Matt indicated that he will send out the Core Reporting requirements to the group. **(Completed)**

4. **CMC Ombudsman** – Tiffany Huyenh-Cho reported that the Ombudsman has not received too many calls yet for Santa Clara but anticipate it will start to escalate closer to go-live date. Most of the issues and concerns that they have seen in other CMC counties have been:
 - a. Members passively enrolled when they've opted out and timely processing of disenrollment.
 - b. Continuity of Care authorization concerns (Durable Medical Equipment (DME: authorized supplies) and proof of upcoming appointments sought by plans for out-of-network providers
 - c. Different IPA but still in-network but plans are treating it as a COC
 - d. Medicare Part D -Prescription – beneficiaries disenrolled and not selecting a Part D plan which delays assignment up to 2 months. Encouraging Health Care Options (HCO) to include in their phone script to have beneficiaries select Part D plan immediately.
 - e. Transportation Benefit: Tiffany asked the health plan representatives to explain the current MediCal non-emergency medical transportation benefit and the added CMC benefit. Laura shared that SCFHP Member Services arranges for member transportation through a set of contracted vendors. Vouchers do not need to be issued. Matt confirmed that Anthem currently handles this very similarly. The CMC “non-medical” transportation benefit refers to the mode of transportation, not the destination. Therefore, the destination still needs to be for a medical purpose. Under CMC, the first 30 trips will be tracked for payment by Medicare and the rest will be paid by MediCal.
5. **HICAP** – Marcelo Espiritu reported that they are currently receiving on average 40-50 calls a day, averaging 10-11 minutes call time. Some calls are up to an hour due to the language needs interpretation. Calls received are from beneficiaries, family members, and providers. Based on the calls, the estimated enrollment/disenrollment decisions have been: 40-45% wanting to

opt-out, 20-25% enrolled; and 30% undecided. One of the key concerns and questions from beneficiaries' are whether their providers are in-network. HICAP staff are still seeing many are opting out even when Providers are in plan's network mainly due to beneficiaries' hesitation about the changes.

6. **Communications (Workgroup/Outreach)**– Sonali Parmani provided overview of the previous outreach and presentation sessions which includes both Consumer and Key Stakeholders, Advocates, Leadership, Staff and Key Community Resources outreach. Some lessons learned from the Communications group have been:
 - Outreach and ability to ask/answer questions in one's own language is important.
 - Best to outreach first to service providers and then the community they serve.
 - People want to know how it will impact them and their current care.
 - Stakeholders are interested in hearing stories from implementation in Southern California.

The next Provider webinar will be on Dec 2 and questions about the webinars should be directed to Shelly Grimaldi at Harbage Consulting.

7. **In-home Supportive Services Update:** – Kingston Lum reported that the CCI IHSS Coordination Guide will be presented to the County's Leadership team in mid-December. The guide is intended for IHSS staff to have as a tool about the implementation and process flow and will be made available on the county's intranet. Once the guide is approved, Kingston will have it sent out to the Stakeholder's group. **(Completed)**

IHSS has hired 20 new staff since July which includes 16 new social workers. With new social workers, case loads are averaged to be about 310 per social workers. The ideal caseload to meet all mandated requirements is approximately 250 per social workers. They are currently receiving 300 intakes per month.

8. **MSSP** –Matt reported that both health plans attended a MSSP training for the October 1, 2014 go-live date. So far things have gone smoothly with reconciliation of members who are MSSP recipients. MSSP in Santa Clara County currently has a waitlist of approximately 15 people.
9. **Stakeholder Input – Roundtable - Questions, Comments, New Initiatives**
Questions were raised about how the group will learn about the quality indicators for CMC. This is information that will be shared with the stakeholder committee as well as the Consumer Advisory Committee.

10. Meeting Schedule – Set Next Meeting

The Committee will begin meeting every other month on the 3rd Wednesday. **Upcoming meeting: January 21, 2015**